



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
Total Claims (37 C.F.R. §1.16(c) or (j))		23 - 20 =	3	X \$ 18	\$ 54
Independent Claims (37 C.F.R. §1.16(b) or (i))		5 - 3 =	2	X \$ 78	\$ 156
Multiple dependent claims (if applicable) (37 C.F.R. §1.16(d))				+ \$ 260	\$ 0
				BASIC FEE (37 C.F.R. §1.16)	\$ 760
TOTAL OF ABOVE CALCULATIONS =					\$ 970
Reduction by 50% for filing by small entity. (Note 37 C.F.R. §§1.9, 1.27, & 1.28).					\$ 485
TOTAL =					\$ 485

6. Small entity status:
- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
- b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1300 (Order No. A-63463-1/RFT/RMS/RMK)
- a. ☒ Fees required under 37 C.F.R. § 1.16.
- b. ☒ Fees required under 37 C.F.R. § 1.17.
- c. ☐ Fees required under 37 C.F.R. § 1.18
8. ☐ A check in the amount of \$ _____ is enclosed
9. ☒ Other: Return postcard
10. ☒ Conditional Petition for Extension of Time: An extension of time is requested in the present and/or above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ New correspondence address below

Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

Robin M. Silva

Signature

Registration No. (Attorney/Agent)

38,304

Date

September 20, 1999